

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	41	↔	↔	↔	↔	↔
TOTAL CLAIMS	43	██████	██████	██████	██████	██████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		██████	██████	██████	██████	██████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS